



ATTORNEY DOCKET NO.: 152161

PATENT APPLICATION

IN THE
UNITED STATES PATENT AND TRADEMARK OFFICE

Inventor(s): Chung-Yih WANG

Confirmation No.: 7681

Application No.: 10/614,151

Examiner: G.A. Smarth

Filing Date: July 8, 2003

Group Art Unit: 2109

Title: PACKET ROUTING VIA PAYLOAD INSPECTION FOR ALERT SERVICES

Commissioner for Patents
P.O. Box 1450
Alexandria, VA 22313-1450

PETITION FOR EXTENSION OF TIME

Sir:

In an Office Action mailed on May 16, 2007, on the above-identified application, a shortened statutory period of 3 months was set for response. In accordance with 37 C.F.R. 1.136(a), applicant(s) hereby request(s) a:

- one month
- two months
- three months
- four months

time extension so that the period for response to the Office Action expires on November 16, 2007.

Authorization to charge the fee required by 37 CFR 1.17 to Deposit Account No. 50-2849 appears in the accompanying transmittal letter. At any time during the pendency of this application, please charge any fees required or credit any overpayment to Deposit Account No. 50-2849 pursuant to 37 CFR 1.25.

Adjustment date: 04/16/2008 CKHLOK
11/20/2007 MAHMED1 00000107 502849 10614151
01 FC:1253 1050.00 CR

ANDREWS KURTH LLP
Intellectual Property Department
1350 I Street, NW
Suite 1100
Washington, D.C. 20005
Telephone No.: (202) 662-2700
Facsimile No.: (202) 662-2739

Respectfully submitted,


Sean S. Wooden
Attorney/Agent for Applicant(s)
Reg. No. 43,997

Date: November 19, 2007

11/20/2007 MAHMED1 00000107 502849 10614151
01 FC:1253 1050.00 DA

UNITED STATES PATENT & TRADEMARK OFFICE
Washington, D.C. 20231

REQUEST FOR PATENT FEE REFUND

1 Date of Request:	04/15/08	2 Serial/Patent #	10/614,151
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3 Please refund the following fee(s):		4 PAPER NUMBER	5 DATE FILED	6 AMOUNT
<input type="checkbox"/>	Filing			\$
<input type="checkbox"/>	Amendment			\$
<input checked="" type="checkbox"/>	Extension of Time 1253		11/19/07	\$ 1,050.00
<input type="checkbox"/>	Notice of Appeal/Appeal			\$
<input type="checkbox"/>	Petition			\$
<input type="checkbox"/>	Issue			\$
<input type="checkbox"/>	Cert of Correction/Terminal Disc.			\$
<input type="checkbox"/>	Maintenance			\$
<input type="checkbox"/>	Assignment			\$
<input type="checkbox"/>	Other			\$
		7 TOTAL AMOUNT OF REFUND	\$ 1,050.00	
8 TO BE REFUNDED BY:				
10 REASON:		Treasury Check		
<input type="checkbox"/>	Overpayment	<input checked="" type="checkbox"/>	Credit Deposit A/C #:	
<input type="checkbox"/>	Duplicate Payment	<input type="checkbox"/>	9	5 0 -- 2 8 4 9
<input checked="" type="checkbox"/>	No Fee Due (Explanation):			
The extension of time period is over, no extension fee is due.				
11 REFUND REQUESTED BY:				
TYPED/PRINTED NAME:		Irvn Dingle	TITLE: Paralegal	
SIGNATURE:			PHONE: 2-3210	
OFFICE: Petitions				
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APPROVED:		DATE:  4/16/08		

Instructions for completion of this form appear on the back. After completion, attach white and yellow copies to the official file and mail or hand-carry to:

Office of Finance
Refund Branch
Crystal Park One, Room 802B